Intervention Types

In the Evaluation Guidance (http://www.cdc.gov/hiv/aboutdhap/perb/hdg.htm) the Center for Disease Control and Prevention (CDC) defines types of interventions for HIV prevention. TDH has further refined the definitions of these classifications and has subdivided the Health Communication/Public Information Classification into three sub-categories. Community planning groups will use these categories and their definitions when selecting interventions for their planning area's subpopulations based on risk behaviors and the needs of the population. In addition, in the community plan, the CPG will identify specific interventions in each category and will identify specific immediate outcomes for these interventions (increased condom use, increased knowledge about dangers of drug use during sex, decreased sharing, learning a new negotiation skill, etc.).

General Comments:
These definitions are not descriptions of what TDH is funding, but are a general language that all of our staff and providers will be using to describe their programs. Remember that some aspects of their programs may not be eligible for TDH funding, but we still need a mechanism for these providers to describe their activities – particularly for community planning and gap analysis of HIV prevention coverage. TDH funding decisions will need to be determined separately, but should use this language to describe specific activities which may be limited or restricted by TDH funding.

Notice also that these categories describe how the intervention approaches a client, and not the actual content of the intervention.

We also do not know how many interventions will actually fall into each category, so we will continue to have "place settings" or empty categories for these interventions until we determine that there are no interventions under that category, and it can be eliminated. ILI is a possible example of this type of category.

Intervention Category	Description	Expected Immediate Outcomes
Outreach	Educational encounters with individuals or small groups generally conducted by peers or paraprofessionals with the ***intent*** of distributing condoms, bleach kits, sexual responsibility kits, and/or educational materials; Outreach is conducted in places where high-risk populations congregate. It is also a method of establishing rapport with community members who may later be referred to more intensive ILI, GLI, PC/PE or PCM programs.	May include: greater awareness and/or knowledge of HIV/STD issues, knowledge of how to access HIV/STD-related services, or greater trust of prevention services worker. Under the current prevention plan, educational interventions with no skills components provided one-on-one are included in this category.

Intervention Category	Description	Expected Immediate Outcomes
Health Communications / Public Information (HC/PI)	The delivery of planned HIV/STD prevention messages through one or more channels to target audiences with the *intent* to build general support for safe behavior, support personal risk reduction efforts, and/or inform persons at risk of infection how to obtain specific prevention services. TDH has further defined these channels of communications into three categories based on how services are accessed: 1. hotlines and internet chat room advice; 2. electronic or print media, clearinghouses, and internet web sites; and 3. one-shot group presentations / lectures or health fairs.	May include: greater awareness and/or knowledge of HIV/STD issues, knowledge of personal risk, knowledge of how to access HIV/STD-related services, or greater trust of prevention services workers.
Individual-Level Interventions (ILI)	Individual (one-on-one) interaction with the *intent* to assist clients in learning and applying skills aimed at reducing a risk behavior or addresses a factor or factors which influence(s) a risky behavior (FIB). (**This category does not include prevention counseling, prevention case management or outreach**). An individual-level intervention **must** have a skills development component and cannot solely educate the client or share information.	An increase in proficiency of the taught skill and an intention by the client to use this skill.
Group-Level Interventions (GLI)	Interaction with a group of clients with the *intent* to assist clients in learning and applying skills aimed at reducing a risk behavior or addressing a factor that influences behavior (FIB). A GLI **must** have a skills development component and cannot solely educate the client or share information. Group-level interventions can be one-session or multiple sessions. Research has demonstrated that programs of this type using *multiple sessions* are more effective than single-session interventions.	An increase in proficiency of the taught skill and an intention by the client to use this skill.
Prevention Counseling	Individual counseling provided by trained counselors with the *intent* to assist client in assessing risk, creating a risk reduction plan and learning skills to assist in following their risk reduction plan. In Texas, Prevention Counseling may include HIV/STD/HCV testing and referral for any or all of these services at the time of the counseling session.	The client is expected to have an increased perception of risk, the development of a risk reduction plan, and the client perceives he or she could carry out that plan successfully.

Intervention Category	Description	Expected Immediate Outcomes
Partner Services	Partner elicitation – process of presenting partner referral options (Health Department notification or self-notification) and collecting the identifying and locating information for purposes of Health Department partner notification. Partner notification – DIS performed activity of locating and verifying identity of sex and needle sharing partners (identified through partner elicitation) in order to inform them of their possible risk of exposure to HIV or other STD. Options for counseling, testing and treatment are offered at this time. All CBOs providing HIV prevention counseling services are required to have a memorandum of understanding (MOU) with their local public health entity who will do partner notifications for their organizations. Partner counseling – the provision of counseling, testing and treatment of partners notified through partner notification.	All partners of positive clients are provided an opportunity to determine their HIV/STD status and provided with health education and risk reduction messages and referrals to appropriate HIV/STD/HCV prevention programs and services.
Prevention Case Management (PCM)	Intensive multiple-contact client-centered HIV prevention activity with the *intent* of promoting the adoption of risk-reduction behaviors in clients with multiple, complex problems and risk-reduction needs; PCM includes an assessment of the client's risk, a standard for acceptance of a client into the program, and a method of tracking the client's risk reduction efforts. A prevention case manager coordinates prevention activities needed by these high-risk clients, but does not necessarily provide these services themselves.	This type of intervention is designed to assist high-risk clients reduce their risk to HIV/STD/HCV though an individualized series of educational and skills developmental instruction. This intervention is meant for clients of highest-risk only.
Community-Level Interventions (CLI)	Interventions with the *intent* to change behaviors in individuals by modifying their external environment, through promoting positive attitudes toward safe behaviors in the community, reducing misunderstanding of risk behaviors, and promoting the use of community resources in prevention.	This type of intervention is designed to alter social norms, policies, or characteristics of the environment that affect access to services.
Other	Comprehensive Harm Reduction. Needle exchange program with comprehensive harm reduction strategies including referral for medical and substance abuse assistance.	Examples of immediate outcomes include reduced needle sharing, increased use of drug treatment centers, referrals.
	Policy/Structural Intervention. These interventions are intended to work to change a law or rule that restricts HIV/STD/HCV prevention services from being offered or restrict access to these services.	Examples of immediate outcomes would be change in clinic times to be more convenient for clients, allowing public funds for purchase of condoms for STD clinics.
	STD/HIV/HCV Screening/Testing. Routine screening of individuals at settings where high-risk clients routinely flow. Sites may include STD clinics, jails, youth detention centers, and drug treatment centers.	Examples of immediate outcomes would be knowledge of sero-status and referral to appropriate medical and/or prevention services.

The definitions above will be used by CPGs in selecting interventions to meet the needs of their subpopulations. Although only certain interventions can be included in the Cooperative Agreement for HIV Prevention, the CPGs are not limited to these interventions when selecting interventions for their subpopulations. Any intervention that has ***documented evidence of effectiveness with the intended target subpopulation*** can be included in the Area Action Plan (AAP), with the understanding that it will not be possible for TDH to fund interventions that are not included in the plan, or those that TDH is legally prohibited from funding (needle exchange).

CPGs will review and perhaps adapt interventions from the CDC's Compendium of Effective Interventions (ftp://ftp.cdcnpin.org/Reports/HIVcompendium.pdf) and we suggest that all providers become familiar with that document, but CPGs may use other sources such as:
SAMHSA – effective drug prevention interventions.
(http://www.samhsa.gov/csap/modelprograms/default.htm).
UCSF – Studies of interventions from the Center for AIDS Prevention Studies
(http://www.caps.ucsf.edu/capsweb/projectindex.html).

Responses to Comments

Comment: Where ILI ends and Prevention Counseling begins is still a Big Blur to me. I realize that the intent is an important factor in distinguishing the two. How often is the intent just to teach a skill, for example, correct condom usage? Maybe this happens more than I am aware of, but I still that Prevention Counseling encompasses ILI. Furthermore, simply teaching the skill without discussing a plan to use it is kind of useless to me.

…and…

Comment: Please include a section that describes the difference between an ILI and Prevention Counseling.

> Prevention counseling is an intervention with a client-centered focus, with the intention to provide and increased perception of risk and to develop a risk reduction plan (keeping prevention counseling separate from testing and test decision making). An ILI intervention does not have these two goals.

Comment: Regarding ILI and GLI, would some specific examples of skills development components be helpful in clarifying the interventions?

> Some individual skills components are communications skills, partner negotiation skills, refusal skills, ability to use condoms, etc. We have hesitated to identify individual components since an intervention cannot consist of just a condom demonstration like it is reported now, it must be part of a "complete" intervention. What is currently reported by our HERR data system are activities.

Comment: Add in the description of PCM that it must be delivered by a licensed/certified counselor (LPC) or whatever we plan to require.

We can refine our definition to fit our guidelines. Since TDH does not currently have contractors performing PCM, TDH does not have any guidelines right now. Since we have no specific Texas specific guidelines, we should default to the CDC guidelines which requires a licensed/certified social worker to perform the PCM activities.

Comment: Is PCM a one-on-one activity or can it take place in a group setting?

PCM is a client-centered approach to assisting the client at reducing risk for acquiring HIV for clients with multiple behavioral risks. The client can achieve reductions in risk through one-on-one or group interventions, which specifically address the clients needs. PCM does not mean that the prevention case manager must provide all the risk reduction counseling themselves, (much of the risk reduction efforts are referred out in many programs) but the case managers are responsible for coordinating efforts to help that client reduce their risks.

Comment: Don't include needle exchange if we don't expect it to actually be reported.

These are categories to be used when CPGs as well as contractors are building plans to address the needs of their communities. TDH will also use these categories when we are funding activities, but funding restrictions may prohibit us from funding some needed activities.

Comment: There should be no "other" categories; i.e., they shouldn't be doing things that are not defined?

Remember, other is a catch for activities that do not exactly fit into the pre-defined categories above. We can structure the activities anyway we see fit in Texas, but these are the reportable categories to CDC. Also keep in mind that the further we stray from defined CDC language in our community plans, the more time we will have to spend to translate our activities into CDC terms for applications and annual reports.

Comment: What about group educational presentations lacking a skills development component -- one-shot presentations? We need to be more specific under HC/PI #3 to include this.

We have shortened this as presentations/lectures, but in the final guidance for the RFP, we should have an expanded language to cover one-shot group presentations as HCPI.

Comment: If an agency makes an hour long AIDS 101 presentation to a group of 30 to 50 individuals, and among other things, demonstrates how to correctly use a condom, would that be classified normally as a HCPI or GLI

The intervention indicated above would be an HCPI intervention. Under current rules, TDH would not accept that as an intervention since our RFP specifically states that AIDS 101 courses are not allowed in the current plan – but remember, this language is to help programs describe their services, not in determining funding. CDC guidelines for GLI indicate that the individual must have a chance to practice the skill they are learning (and this goes hand-in-hand with basic education/learning theory – that practice of a skill is necessary before its effective adoption of a skill).

Comment: How will this [HC/PI] be targeted to the individual BDTPs?

The specificity of the message, location where poster/bulletin boards are located, primary audience of the radio and tv with air times are ways that BDTPs are targeted. For presentations, we would use the same methods as for GLI, for Hotlines and clearinghouses, we could use the types of materials distributed or questions asked to categorize who is utilizing the services.

Comment: How will the outcomes be evaluated [for HC/PI]?

Evaluation of outcomes for HC/PI is expensive. The CDC, even when it was considering requiring outcome monitoring, did not have a method defined or expectation to outcome monitor this type of activity. Several easy methods might be to ask new clients how they heard of your service, or what brought them into the clinic or in contact with the program.

Comment: "In Texas, Prevention Counseling also has the option for HIV/STD/HCV testing and for diagnosis and treatment, or referral to these services."
Are we saying that the client has the option to receive those other services? If so, the sentence needs to be reworded.

Yes, we are saying that in Texas, we consider prevention counseling a separate intervention from testing or knowledge of serostatus. Thus prevention counseling can be, and in areas where there are high-risk clients and no PCM programs, and probably should be done at times when testing is not indicated (between window periods). In fact, several of our current contractors indicate they do this as a normal practice for their highest risk clients. Our prevention counseling guidelines indicate that the HIV/STD/HCV testing and treatment be available or accessible through referral.

Comment: All CBOs providing HIV prevention services……are required to have a Memorandum of Understanding (MOU) with their local surveillance authority" for what? Is it to state that they will not perform those kinds of services? Or is it to acknowledge that they will refer clients in need of those services to DIS. We can infer what the sentence may be referring to based on the statement before that one, but I think it would be better if the sentence was expanded…..All CBOs providing counseling and testing services are required to have a MOU with their local surveillance authority acknowledging that they will refer clients that require Partner Notification services to DIS. (Something to that effect)

We agree that this sentence may need rewording. The sentence that you provided in your example sounds good.

Comment: Are the **multiple contacts** [in PCM] only to promote the adoption of risk-reduction behaviors? Aren't clients placed in this category when they have other complex problems such as drug abuse for IDUs. Are we only tracking their risk reduction efforts? What about referral for other services, i.e., substance abuse, mental health, medical/dental, etc.? I think those need to be spelled out.]

This may just be a matter of semantics that may need to be spelled out in RFPs and contract language. When we refer to reducing risk, this means any activity, whether provided directly by the counselor or not, which empowers that client to reduce their chance of acquiring HIV. Common services would include referrals, substance abuse treatment and other medical services, as well as linkage to work programs and family assistance programs such as WIC, shelters and food pantries as well as one-on-one direct counseling on HIV and STD risk reduction. Primary factors monitored would be referrals to these programs and successful referrals (clients attend program).

Comment: We may need to define specific types here [CLI].

Again, these are basic definitions that may need to be expanded in the future.

Comment: When you have Policy/Structural Intervention defined as it is **"working to change a law or rule that restricts HIV prevention services from being offered…"** the intervention type is CLI because in essence what it is intended to do is change people's ways of thinking. When you are working to change laws that **restrict** services from being offered, you are advocating for the community as a whole as opposed to an individual or a specific group. I think this is CLI!

We have had the same thought in RPE, and you will notice that when working to define or categorize several interventions, that they may fit into several categories – for example, many of the CLIs are also group interventions – are these GLI or CLI? We think that the CDC has separated this is to distinguish between social issues and political issues. The CLI interventions are designed to reduce stereotypes, make the presence of HIV in the community known and increase access to the services through reduction of stigmatism. The second is more of a matter of policy or political changes, such as the needle exchange bill or allowing purchase of condoms in the city budget or promoting the establishments of new clinics.

Comment: STD/HIV/HCV Screening/Testing
Did we put this under "Other" because of screening? Aren't routine screenings a normal part of Counseling and Testing Services? Are these numbers not already counted in CTS data? If they are it may be simpler to make the Counseling and Testing definition a little clearer to say that it includes routine screenings. At any rate, if the two, screening and testing, are put together or if they are separate neither should be under "Other" because there is no mystery there. They've been done for years.

This screening category is separate from the prevention counseling or what your are referring to as CTS category. Again TDH is emphasizing that prevention counseling is both counseling and an opportunity to examine an individual's serostatus, we want to emphasize that with low risk clients often seen in prevention counseling, that routine testing may not be a critical function of the counseling session. Screening is an opportunity for CPGs to specify routine screening of individuals at a specific site or location, similar to what Dallas and Houston is doing at their STD clinics. All individuals coming to these clinics are provided referrals or the opportunity for test in an "opt-out" rather than "opt-in" – which means the resumption is for testing unless the client refuses, rather than no test unless the client agrees. At STD clinics, each clinic has determined a protocol for who should be referred for counseling. This is also performed at TDCJ for incoming inmates, and may be performed at other local or county facilities. This activity allows concentration on pure testing in populations documented to have high rates of infection or having health conditions correlated to HIV infections. Screening also removes the counseling requirement from HIV testing.

Comment: Is it [CLI] really changing the individuals' behaviors or is it the community's attitudes towards safe behaviors?

Its actually doing both. For example, an individual won't come to clinic xxx because the primary clientele is gay, but it's the only place they can get tested for HCV. By reducing the stigma of being gay, it might reduce the cultural barriers that prevent that individual from accessing that service.

Comment: How will this [CLI] outcome be evaluated?

There are several levels of outcomes that may be looked at for this type of intervention. In the example above, you might measure the communities attitudes and acceptance of gay men over time, you might measure the number of non-gay clients who attend that clinic. For our outcome monitoring project, we would only be looking at what the immediate outcome of the specific intervention was, ie how many people changed their viewpoints, was there less harassment, etc.

Comment: Please include examples of this intervention.

From the Compendium of effective interventions [CDC]:

Page	*Name*
1-1	AIDS community demonstration project
1-12	Real AIDS Prevention Project
1-15	Mpowerment Project
1-17	Popular Opinion Leader

Comment: Should PCRS also mention the process of "eliciting" partners to be notified or is that simply assumed? Many programs are weak in that area.

See comments below.

Comment: Partner counseling is a component of eliciting partners from HIV clients so that those partners can be notified.

We have had a lot of discussion about this topic, and some of the confusion seems to revolve around the fact that partner counseling is used to mean different things in different programs with differing activities among those. Based on our conversation, we are suggesting renaming this category Partner Services. Within this broad category would be sub-categories on Partner Elicitation, Partner Notification, and prevention counseling and referral for partners notified through partner notification activities. The definitions for these sub-categories are as follows:

Partner elicitation – process of presenting partner referral options (Health Department notification and self-notification) and collecting the identifying and locating information for purposes of Health Department partner notification.

Partner notification – DIS performed activity of locating and verifying identity of sex and needle sharing partners (identified through partner elicitation) in order to inform them of their possible risk of exposure to HIV or other STD. Options for counseling, testing and treatment are offered at this time. All CBOs providing HIV prevention counseling services are required to have a Memorandum Of Understanding (MOU) with their local public health entity who will do partner notifications for their organization.

Partner counseling – the provision of counseling, testing and treatment of partners notified through partner notification.

Intervention Categories